Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	003984	A. BUILDING: _____ B. WING _____	C 07/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WORTHINGTON HOUSE	**10799 ALLIANCE DR CAMBY, IN 46113**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for Investigation of Complaint IN00131163. Complaint IN00131163 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: July 18, 2013 Facility number: 003984 Provider number: 003984 AIM number: n/a Survey team: Diana Zgonc, RN-TC Census bed type: Residential: 33 Total: 33 Census payor type: Other: 33 Total: 33 Sample: 3 Worthington House was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00131163. Quality Review 07/19/13 by Lisa McColly	R 000		